

EFFECTIVE 3/12/73	EXPIRATION 3/12/74	TERM 12	HAS BOND BEEN EXECUTED?	BOND NO. 99-44-10	AGENT'S COPY					
PRINCIPAL NAME & ADDRESS Phillip LANE, JR 25 Hosmer Road, Acton, MASS.				NET WORTH \$	REMARKS					
OBLIGEE TOWN OF ACTON			KIND OF BOND—FORM NO. STREET PERMIT BOND.							
BOND PENALTY 500	ORIGINAL PREMIUM	COMM.								
AUTHORIZED BY R. GALLANT			AGENT GALLANT BROS INC FOR COMPANY USE ONLY							
RENEWAL DATE	TERM	RENEWAL PREMIUM	EXPIRE	CONT. YRS.	CONT.	NEW BOND	CONT. CERT.	RENEWAL CODE	APPROVED BY	CODE
TRANS.	AGENCY CODE	STATE	TAX DIST.	LINE	CLASS	POL. FM.	BD. AMT.			

Bond No. 99-44-10

### ALL FIDUCIARY BONDS

KIND OF BOND (Check Square)		PRINCIPAL'S OCCUPATION	
<input type="checkbox"/> ADMINISTRATOR	<input type="checkbox"/> SALE of REAL ESTATE	COURT OR COUNTY WHERE BOND FILED	
<input type="checkbox"/> EXECUTOR		NAME OF DECEASED OR TITLE OF CASE	
<input type="checkbox"/> GUARDIAN		DATE OF DEATH	
<input type="checkbox"/> CONSERVATOR		BIRTH DATE OF MINOR OR WARD	
<input type="checkbox"/> TRUSTEE		NAME AND ADDRESS OF ATTORNEY	
<input type="checkbox"/> RECEIVER			
(Other)			
PLEASE CHECK CORRECT SQUARES BELOW			
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is going business in estate?		Is principal indebted to estate?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has principal had prior custody of assets in any capacity?		Is principal successor fiduciary?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Is the estate insolvent?	
		<input type="checkbox"/>	
If answer to any of these questions is YES submit full details to your supervising office for approval BEFORE executing bond.			
YES	NO	— JOINT CONTROL QUESTION —	
<input type="checkbox"/>	<input type="checkbox"/>		
Will joint control be exercised? (If "yes"—by Whom)			

### PUBLIC OFFICIAL BONDS

<input type="checkbox"/> Elected	Tax Roll	Budgeted Expenditures	OFFICIAL TITLE
<input type="checkbox"/> Appointed	(FOR TREASURER'S BOND ONLY)		
NAME & ADDRESS OF OBLIGEE			
TERM OF OFFICE		OTHER OR PREVIOUS OCCUPATION	PREMIUM TO BE PAID
Begins..... Ends.....			<input type="checkbox"/> Annually <input type="checkbox"/> ..... years advance
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Has he previously occupied this position? If so, from..... to.....	
<input type="checkbox"/>	<input type="checkbox"/>	Is this bond required by statute or ordinance?	
How often are the accounts of your office examined?			

### LICENSE OR PERMIT BONDS UNDER \$10,000

Financial statement required if credit or financial guarantee.

If the bond does not contain a cancellation provision please submit for prior approval.

TYPE OF BOND	LENGTH OF TIME IN BUSINESS	PREVIOUS SURETY
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